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Navy & Marine Corps Medical News
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This service distributes medical news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this email is highly encouraged. Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (Navy researchers and administrative managers). Corpsmen and Dental Technician designators are identified in front of their names.

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Contents for this week's MEDNEWS:

Headline: DOD releases results of 1998 survey of health related behaviors
Headline: Automatic TRICARE re-enrollment program announced
Headline: Smart Card technology steams ahead
Headline: USNS Mercy excels in Kernel Blitz '99
Headline: Gifts of life become reality at Okinawa
Headline: Jacksonville wins base-wide volunteer award
Headline: Jacksonville Corpsman awarded for translating during stressful time
Headline: TRICARE question and answer
Headline: Healthwatch: Pregnancy and exercise - natural and necessary (part I)

-USN-

Headline: DOD results of 1998 survey of health related behaviors
From Department of Defense

The Department of Defense today announced the final results of its 1998 worldwide survey of health behaviors among military personnel. The report shows that the usage of alcohol, tobacco, and illegal drugs are at the lowest rates since the surveys began measuring certain health-related behaviors in 1980.

This survey is the seventh in the series of confidential, anonymous standardized surveys which asks active duty service members about various health behaviors, including the use of illegal drugs, alcohol, tobacco, and at-risk sexual behavior. The survey also assesses selected national health status goals from the Department of Health and Human Services' Healthy People 2000 objectives, the mental health status of the force, and specific health

concerns of military women. More than 17,000 service members, randomly selected to represent men and women in all pay grades of the active force throughout the world, completed the survey.

"When comparing this 1998 report to our earliest survey results, we recognize tremendous improvements in the past 18 years. Our continued emphasis on health promotion, safety, and disease prevention will help our service members achieve personal best performances and force readiness," said Dr. Sue Bailey, assistant secretary of Defense for Health Affairs.

Between 1980 and 1998, the survey shows a continuing decline in the use of illegal drugs, alcohol, and cigarettes by military personnel. When first surveyed in 1980, 27.6 percent of the active force acknowledged use of illegal drugs during the month prior to being questioned. In 1998, 2.7 percent reported using illegal drugs. Heavy drinking declined from 20.8 percent in 1980 to 15.4 percent in 1998, while cigarette smoking declined from 51.0 percent to 29.9 percent in the same period.

As encouraging as these trends are, however, the declines between 1995 and 1998 were not significant. The amount of heavy drinking, in fact, (five or more drinks per occasion at least once a week) remained problematic in 1998. The military's smoking rate remains about ten percentage points above the Healthy People 2000 objective of 20 percent.

Healthy People 2000 is the federal government's national health agenda. Its aim is to prevent unnecessary disease and disability and to achieve a better quality of life for all Americans. Healthy People 2000 calls for individuals, families, communities, health professionals, the media, and government to share the responsibility to improve the nation's health profile. Of the 383 Healthy People 2000 objectives, DoD has identified 45 as being particularly relevant to military personnel, and 17 of these objectives are measured in the 1998 survey.

Other key findings from the survey include the following:

- The average daily amount of alcohol consumed by military personnel has declined by 47 percent over the past 18 years. The percentage of abstainers and light/infrequent drinkers has increased from 25.6 percent in 1980 to 43.2 percent in 1998.
- The increase in past-year cigar and pipe smoking between 1995 and 1998 was significant: from 18.7 percent to 32.6 percent. Although the majority of this behavior occurred infrequently (less than once a week) this large increase is a concern.
- Military personnel met or exceeded five of 17 selected Healthy People 2000 objectives in 1998: overweight for personnel age 20 or older, strenuous exercise, seat belt use, Pap smears ever received, and Pap smears received in the past three years. However, the percentage of overweight

personnel in both age categories (under 20 and 20 or older) increased between 1995 and 1998.

- Military personnel described their military duties as more stressful than their family or personal lives. The most frequently indicated stressor for both men (19.5 percent) and women (19.5 percent) was family separation.
- Personnel with higher levels of stress were more likely than those with lower levels of stress to work below normal performance levels and to incur injuries due to accidents in the work place.
- The three most commonly used strategies for coping with stress and depression were: 1) adopting a problem-solving approach; 2) seeking social support; and 3) engaging in physical activity. However, nearly a quarter of military personnel used alcohol to cope with stress and depression.
- Although positive coping strategies were common among those who showed depressive symptoms, a disturbingly high percentage of this group (18.3 percent) had considered suicide or self-injury as a way of coping.
- There is a strong relationship between heavy alcohol use and mental health problems. Heavy users of alcohol had more problems with stress, mental health issues, and were more likely to exhibit depressive symptoms than those who did not drink.
- Approximately 17 percent of personnel had perceived a need for mental health care in the 12 months prior to the survey, but only about half of them received this care.
- About one-third (31.8 percent) of military women reported being under a "great deal" or a "fairly large amount" of stress related to being a woman in the military.
- Approximately 90 percent of military personnel had received a dental check-up in the past 12 months.
- Some 8.1 percent of military personnel had experienced at least one of eight gambling-related problems in their lifetime, and 2.2 percent experienced at least three of these problems, the level constituting probable pathological gambling.

"With the Service surgeons general, we now have a Prevention, Safety, and Health Promotion Council whose purpose it is to help our military men and women and their families enhance their health and be a population of healthy military communities," stated Bailey.

The 1998 survey was conducted under contract by the Research Triangle Institute. The final report is available from the National Technical Information Service (NTIS) and the Defense Technical Information Center (DTIC). The NTIS phone number is 1-800-553-6847/6000 or (703) 605-6050. E-mail orders may be placed at the following address: orders@ntis.fedworld.gov. Cite publication number PB99-132086 when requesting the full report (364 pages) and PB99-132078 for the Highlights version (137 pages). To order from DTIC, call (703) 767-8274 - cite ADA361903 for the full report and ADA361901 for the Highlights version. Previous survey reports from this series may also be obtained from these

sources. The Highlights version is available on the worldwide web at:
<http://www.tricare.osd.mil/readiness/wellhealth.html>.

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Headline: Automatic TRICARE re-enrollment program announced
From Office of the Secretary of Defense

WASHINGTON -- A new healthcare innovation is now in effect that will make repeat "TRICARE Prime" participation easier. As of May 1 the need to submit an annual TRICARE re-enrollment became obsolete. In a phased introduction, re-enrollment is automatic unless a beneficiary declines the "Prime" option.

Regions One (Northeast), Two (Mid-Atlantic) and Five (Heartland) were the first regions to implement automatic re-enrollment May 1. All other regional contractors will begin automatic re-enrollment June 1.

Dr. Sue Bailey, Assistant Secretary of Defense for Health Affairs said, "Automatic re-enrollment eliminates the need for a Prime beneficiary to fill out paperwork every year. The improvement will remove a burden on our beneficiaries and improve the TRICARE Prime benefit by simplifying the process for our enrollees."

Beneficiaries will begin receiving notification from their regional contractors about the automatic re-enrollment 30 days prior to the anniversary date of their original sign-up with the military managed care plan.

"Our goal is to streamline the re-enrollment process and to eliminate paperwork," said Dr. James Sears, executive director, TRICARE Management Activity. "Our Prime beneficiaries should be able to continue to enjoy the benefits of TRICARE without having to return forms every time their enrollment anniversary rolls around. A response to the notification is required only if a beneficiary wants to make changes or dis-enroll from the Prime benefit."

Thirty days before a beneficiary's enrollment anniversary, the regional contractor will send written notification, and if applicable, an invoice for the annual enrollment fee. The invoice will include options for full or quarterly payments. Monthly installment payments also will be accepted via allotment or electronic funds transfer, beginning next year.

A beneficiary may decline further TRICARE Prime enrollment, and may re-enroll at any time as long as he or she remains eligible. Beneficiaries covered by Prime who want to continue their coverage, but do not receive notification of automatic re-enrollment, or those with other questions about TRICARE, should contact their regional TRICARE office. Regional offices can be reached by calling the following toll-free numbers: Northeast (Region One), 1-888-999-5195; Mid-Atlantic (Region Two), 1-800-931-9501; Southeast (Region Three), 1-800-444-5445; Puerto Rico and Latin America (Region Three), 1-888-777-8343; Heartland (Region Five), 1-800-941-4501; Southwest (Region Six), 1-

800- 406-2832; Central (Regions Seven/Eight), 1-888-TRIWEST (1- 888-874-9378); Southern California (Region Nine) and Golden Gate (Region 10), 1-800-242-6788; Northwest (Region 11), 1- 800-404-0110; Pacific (Region 12), 1-800-777-8343; Hawaii, 1- 800-242-6788; Alaska, 1-888-777-8343; and Europe, 1-888-777- 8343.

Information is also available on the World Wide Web at <http://www.tricare.osd.mil/>.

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Headline: Smart Card technology steams ahead

By Kim Pyler, Naval Training Center & LT Youssef H. Aboul-Enein, MSC, Naval Hospital Great Lakes

GREAT LAKES, Ill. -- The concept of carrying around medical records and other personnel information in your pocket is becoming a reality. The Department of the Navy Chief Information Officer (DON CIO) has put Smart Card technology into practice.

"It is a time saving tool which will improve beneficiaries' quality of life and help to create a paperless Navy," said Anthony M. Cieri, director of the Navy Smart Card Office.

Currently, smart cards are being used in the Navy to reengineer business practices, decrease the infrastructure and enhance the potential of military readiness. They are in use at several military installations including Hawaii, Naval Training Center Great Lakes, Naval Air Station Pensacola and Fleet Combat Training Center Dam Neck.

USS Red Rover Branch Clinic uses the Smart Card Immune Program as new recruits process into the Navy. This program utilizes the Smart Card by encrypting immunization and medical information for each recruit ensuring most recent data is recorded upon the administration a shot or episode of care. As the recruits pass through each medical section their smart card allows access to most up-to-date medical and immunization information. The technology contains an embedded integrated circuit chip store memory and has a central processing unit so it is able to reduce redundant data entry and transcription errors.

"We are saving man-hours and the amount of processing time has decreased significantly," said HM2 William Ramsey, program coordinator in the recruit-processing clinic at Naval Hospital Great Lakes.

The fleet is currently being outfitted with Smart Cards. The Navy plans to upgrade USS George Washington Battle Group, USS Kitty Hawk Battle Group and the corresponding Marine units by June 30.

"Smart Card enhances fleet readiness by actually speeding up the deployment process and tracking readiness. They're also a great tool for ship's manifesting and accountability," said Cieri.

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Headline: USNS Mercy excels in Kernel Blitz '99

By JO3 Stacie Rose, Naval Medical Center San Diego

ABOARD USNS MERCY -- There's a steady hum of activity as Sailors in dungarees, coveralls and hospital scrubs rush back and forth, from deck to deck, preparing for the next group of casualties to be offloaded on the flight deck from incoming helicopters.

In the casualty receiving area, doctors, nurses and corpsmen look over their patients and decide their fate for the next leg of the journey. On the flight deck, Sailors in red, purple, yellow and white shirts direct the inbound helicopters, which deliver another cadre of patients whose lives lay in the hands of the Medical Treatment Facility, USNS Mercy (T-AH 19). The scene seems real but the injuries are not. It's a typical day on the Mercy during a recent underway exercise. The crew must know beforehand what to expect during a real-life situation.

For five days off the coast of Camp Pendleton, the Mercy crew proved its ability to handle any wartime casualties in Exercise Kernel Blitz '99. Marine Corps forces on the shore staged battles and casualties. Within five days, 520 mock casualties were treated. Of those, 320 were processed through all the levels of medical care from initial triage and treatment in the field to medical facilities aboard amphibious ships to more extensive treatment aboard Mercy, and finally to fleet hospital facilities ashore. A total of 288 were treated aboard Mercy.

To add another element of pressure to the mix, a number of media were embarked on board during the week, covering the Mercy Sailors' every move. Many distinguished visitors toured the ship throughout the week, stopping in each department to talk one-on-one with crew members. Guests included Lt. Gen. Bruce Knutson, commanding officer, 1st Marine Expeditionary Force and VADM Dennis McGinn, Third Fleet commander.

"I'm extremely proud of the performance of the crew this week," said CAPT Kathleen O'Farrell, MC, commanding officer of the Mercy. "Everyone did their part to make this a successful exercise. We are ready." Not all of Kernel Blitz was work, however. The last night underway, MWR hosted Mercy's first-ever talent show, featuring a number of brave Sailors singing and dancing their way into 15 minutes of fame. Also, Mercy's first-ever formal Chief's Mess was held in the officer's wardroom, honoring the embarked khakis.

Mercy is a 1000-bed floating trauma hospital with the high-tech medical equipment of a shore-based facility. When drilling or deployed, Mercy is staffed by personnel from Naval Medical Center San Diego, civilian mariners from Military Sealift Command and naval reservists.

Mercy participates in an exercise of this magnitude at least once every two years. Her next exercise is a weeklong pierside drill in August.

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Headline: Gifts of life become reality at Okinawa

From U.S. Naval Hospital Okinawa

OKINAWA, Japan -- After a five-year wait, human organ donation from American citizens to Japanese citizens has become a legal reality.

"We sincerely appreciate the cooperation of the Americans and especially the staff of U.S. Naval Hospital Okinawa", explained Dr. Nobuyuki Nakamura, a Japanese urologist and member of the Japan Organ Transplant Network (JOTN).

In 1997, the bill that authorizes heart and liver transplants from brain dead donors was cleared by Japanese officials. It overcame the hurdle of a traditional Japanese belief that death came only after the heart stopped beating and the body turns cold. Even today, many Japanese still feel uneasy about defining brain death as the end of life, and doctors usually continue to treat patients as long as their hearts are still beating.

The law now stipulates that a potential donor cannot be declared brain dead unless they have consented in advance to undergo tests to confirm brain death and have also consented to the donation of specific organs.

In a donor card signing ceremony attended by members of the JOTN and foreign and American press, CAPT Brian Brannman, MSC, Commanding Officer of NH Okinawa and HMCM(SW) Michael Carr, Public Affairs Officer, were the first two Americans to sign the English-version of the organ donor cards.

The small yellow donor card is designed to fit in a wallet, and although donors express their wishes by circling the organs they want to donate, the immediate family member will have the final decision.

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Headline: Jacksonville wins base-wide volunteer award

By J03 LeaVonda Battle, Naval Hospital Jacksonville

JACKSONVILLE, Fla. -- Naval Hospital Jacksonville recently received Naval Air Station Jacksonville's first place volunteer service award during a recognition luncheon held at the base Officer's Club.

NAS Jacksonville presented the hospital with the Community Volunteer Service Award in appreciation of the hospital's dedication in serving the community through their volunteer efforts.

Volunteers from the hospital and Branch Medical Clinic Jacksonville contributed over 33,000 hours to programs like The Partnership in Education Program and Paint the Town projects.

The hospital's volunteer efforts ranged from fixing handicap ramps and repairing roofs to mentoring students and collecting money at city functions. Hospital volunteers are part of the solution in making the city of Jacksonville and surrounding areas a better place to live.

The theme for the volunteer program is "Navy Volunteers - Partners in Improving Education." The theme emphasized

the base's commitment to helping the community improve scholastic achievement and life skills for local youth.

During the award luncheon, guest speaker Retired Air Force Maj. Gen. John Fryer, superintendent of Duval County Schools, spoke of improving academics, building learning in communities and volunteering in communities.

RMT Kristen Montejo, the hospital's Volunteer Coordinator said, "Being recognized for our efforts is great but our staff does volunteer service because they enjoy helping others. I make sure the staff is aware of the volunteer opportunities and they do the rest."

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Headline: Jacksonville Corpsman awarded for translating during stressful time By JO2 Melissa Martinez, Naval Hospital Jacksonville

JACKSONVILLE, Fla. -- Hospital Corpsman Francina Rodriguez was awarded the Joint Service Achievement Medal for her work during the debriefing of the Argentine contingency of the United Nations and the memorial ceremony, which followed a tragic helicopter crash in Haiti earlier this year.

Rodriguez, who is deployed with Fleet Hospital Jacksonville's Haiti Detachment, is assigned to Naval Hospital Jacksonville's Urology Clinic. She volunteered to serve as a translator for the Critical Incident Stress Debriefing team that assisted more than 120 Argentine military personnel in the aftermath of the helicopter crash.

The Russian-made Mi8 helicopter was en route to northern Cap Hatien to pick up an injured Finnish woman when it crashed with six Argentines, six Russians, and one American on board. There were no survivors. The helicopter was the second one sent to retrieve the Finnish tourist after the first developed a fuel leak.

"Rodriguez was very professional throughout the entire ordeal, especially in light of the fact that she knew the people killed and many of the others in the Argentine camp," said LT Steven Olive, MC, a member of the Critical Incident Stress Debriefing team and primary care physician for FH Jacksonville. "She became a natural bridge between the Support Group and the Argentine contingency. The Argentines trusted her."

"I didn't expect to receive this award. I was very surprised," Rodriguez said. "I am glad I could be there to help them through this and to help build international relations with the Argentines."

In addition to serving as a translator for the debriefs, the 34-year-old Dominican Republic native also assisted Air Force Chaplain Capt. David Buttrick during the memorial ceremony which was held at the U.N. camp following the crash. More than 1,000 people attended the ceremony.

"Even though it was a difficult and trying time for her, Rodriguez kept her composure throughout the entire ceremony," said CDR Peter True, MC, Fleet Hospital Jacksonville director of clinical services and staff

psychiatrist. "She was really heroic."

For Rodriguez, being there to help the Argentines, many of whom had come to rely on her to communicate with the Support Group, filled her with much pride.

"We showed them friendship during this time, and we were not divided by language barriers," she said. "They called us their brothers, and that made me happy."

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Headline: TRICARE question and answer

Question: I am currently enrolled in the Uniformed Services Family Health Plan. How does that program fit into TRICARE?

Answer: Members of the USFHP are provided the uniform benefit and cost structure, just as enrollees of TRICARE Prime are provided. As an enrollee of the USFHP, you agree not to use the Medicare system of services provided by the USFHP and are flagged as ineligible to use the Military Health System without a referral from the USFHP. However, you and your family members are fully portable (if under age 65) to TRICARE Prime program anywhere TRICARE exists. You and your family may also take advantage of the transferability and split family provisions of the TRICARE program, if you are under 65 years of age. Portability (Changing TRICARE Prime to new region's plan when duty station changes), transferability (Changing TRICARE Prime to new region's plan when on temporary duty, but must change back to original plan within 12 months), or split family (Enrollment into TRICARE Prime when family members live in different regions), provisions of TRICARE allow you and your family to move between the two programs without additional enrollment fees. USFHP enrollees that are Medicare-eligible may only port, transfer, or split families between the seven USFHP plans.

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Headline: Healthwatch Pregnancy and exercise - natural and necessary (Part I)

By Dr. Pete Singson, and LT Heather Agustines, MSC, U.S. Naval Hospital Yokosuka

YOKOSUKA, Japan -- Pregnancy is a time in an expectant mother's life when staying fit is more important than ever. Never exercised before? No Problem - it's safe and easy to get started. Already an exercise fanatic? There are a few simple things you should know as your pregnancy progresses.

The American College of Obstetricians and Gynecologists (ACOG) has published specific guidelines on exercising during pregnancy. In the absence of medical complications, pregnant women can continue to exercise and derive related benefits. The exercise you do depends to a large extent on your health and activity level prior to becoming pregnant. While your focus during pregnancy should not be on taking up a new, strenuous sport or increasing your level of aerobic endurance, it's a good idea to maintain a regular exercise program at least three times a week.

Before you begin it is always best to discuss exercise issues with your health care provider.

There are certain medical conditions during pregnancy in which exercise would not be recommended or should be modified. Some of the common conditions include being at risk for a pre-term delivery, high blood pressure in pregnancy, or rupture of the amniotic membranes.

Moreover, there are numerous body structure changes that take place during pregnancy that requires a woman to modify exercise positions. For example, it's important to avoid exercise in the supine position (flat on your back) after the first 12 weeks of pregnancy as this may decrease blood flow to the uterus.

The enlargement of the breast and uterus during pregnancy results in a shift in the physical center of gravity. This is important to keep in mind when considering physical activity in which balance is an important concern.

About 300 additional kilocalories per day are required to meet the metabolic needs of a normal pregnancy. Women who exercise need to be sure they consume an adequate diet to meet the increased caloric requirements.

Lastly, it's important for pregnant women to avoid becoming overheated. Proper heat dissipation can be accomplished by drinking lots of fresh water before, during, and after exercise, wearing appropriate clothing, and exercising in a good environment.

AEROBIC EXERCISE - Aerobic exercise forces the body to tap into its oxygen stores. When performed over a prolonged period of time, this results in an increase in the body's oxygen storage capacity and one's overall level of fitness. In addition to the physical benefits, aerobic exercise can help relieve stress, give you an overall sense of well being, and aid in your postpartum endeavors to regain your pre-pregnancy shape.

Some good examples of safe aerobic exercise are walking and swimming. Aerobic classes can also be a good way to exercise as long as you stick to a low-impact version. If you jogged prior to becoming pregnant, you can continue this if done in moderation. Remember to drink plenty of water to replace what you lose through perspiration.

Whatever form of aerobic exercise you choose to do, try to keep your effort level to a moderate range. A good recommendation is to see if you can carry on a conversation with slight breathlessness. Warning signs for overexertion include sudden sharp pain, excessive fatigue, difficulty breathing, persistent lethargy, nausea, vomiting, faintness, excessive muscle soreness or pain, or any irregular heartbeat.

If you're not currently exercising three days a week, it's easy to get started! You can start today by performing your aerobic exercise of choice for 15-20 minutes, at whatever level you can maintain for that time frame. Do this once or twice for the first two weeks. On the third week add another day to your weekly workout regimen, so

you'll now be exercising for 20 minutes two to three times a week, and again do this for two weeks. At the end of the fourth week, if you're not up to exercising three times a week, then go ahead and add your third day.

If you are already up to the recommended frequency, then increase your workouts to 20-30 minutes, and again do this for two more weeks. Continue this form of progression in your exercise routine until you ultimately reach a program of 30 minutes of exercise at least three days a week. Remember, it's okay to exercise more than three days a week, too -- these are just the minimums!

In Part 2, we will talk about "strength training" and "stretching."

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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